

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032576

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

155

Primary Registration District No.

5579

Registrar's No.

156

FILED SEP 9 1963

## 1. PLACE OF DEATH

a. COUNTY

JASPER

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN MINERAL TWP.Length of stay in 1b  
6 MOS.2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MO. b. COUNTY JASPERc. CITY  
OR  
TOWN CARTHAGEInside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION ELMHURST, WEBB CITY

Inside Limits

Yes ☐ No ☒d. STREET  
ADDRESS 701 WATER ST.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
NETTIEMiddle  
ESTHERLast  
BUTTS4. DATE  
OF  
DEATHMonth  
SEPTEMBERDay  
2Year  
1963

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

4/15/96

## 9. AGE (last birthday)

67

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

HOMEMAKING

11. BIRTHPLACE (City and state or country)

POWELL, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

JEFFERSON DE PRIEST

## 13b. MOTHER'S MAIDEN NAME

ANGELINE UNK

## 14. NAME OF HUSBAND OR WIFE

JOHN L. BUTTS

15. WAS DECEASED EVER IN U.S. ARMED FORCES  
(Yes, no, or unknown) (If yes, give war or dates)

NO

NO

## 16. NO.

526

## 17. INFORMANT

MR. CECIL RUSTIN, CARTHAGE, MO.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

SUB-ARACHNOID HEMORRHAGE

INTERVAL BETWEEN  
ONSET AND DEATH

72 hr

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
s.m.  
p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home;  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 4-24-64 to 9-2-63 and last saw her alive on 8-28-63  
Death occurred at 11:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Frank H. Paine

## 22b. ADDRESS

M.D. 221 W. FOURTH, CARTHAGE, MO.

## 22c. DATE SIGNED

9/5/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

BURIAL

## 23b. DATE

9/5/63

## 23c. NAME OF CEMETERY OR CREMATORY

PARK CEMETERY

## 23d. LOCATION (City, town, or county)

CARTHAGE

Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

ULMER FUNERAL HOME, CARTHAGE, MO.

## 25. DATE RECD. BY LOCAL REG.

9-5-63

## 26. REGISTRAR'S SIGNATURE

Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS:300  
Rev. 4/59

1 0490

2 0497

3 2

4 1

5 1

6

7 0

8 2

9 330X

10

11

12 86-0

13 1-0

SEP 11 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Melvin Lavett*

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Removal permit issued 9-2-63